

Case Number:	CM14-0188224		
Date Assigned:	11/18/2014	Date of Injury:	05/20/2013
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 28, 2013. In a Utilization Review Report dated October 25, 2014, the claims administrator denied cervical epidural steroid injections, stating that it did not believe that the applicant had any bona fide radicular pathology. The claims administrator stated that its decision was based on a September 18, 2014 progress note. The applicant's attorney subsequently appealed. In an October 14, 2014 medical-legal evaluation, the applicant reported ongoing complaints of neck pain, infrequent pain about the right first to third digits, and paresthesias about the left hand and digits. The applicant had received physical therapy, manipulative therapy, and acupuncture treatments to date, it was acknowledged. The applicant was using Motrin and Prilosec, it was acknowledged. The applicant had last worked on October 3, 2013. The applicant was receiving worker's compensation indemnity benefits and had previously received State Disability Insurance (SDI) benefits, it was acknowledged. The applicant had received large monetary settlement from an earlier worker's compensation claim involving the left ankle in 2000, it was acknowledged. The medical-legal evaluator did conduct a comprehensive survey of records. The medical-legal evaluator alluded to the applicant's pain management physicians recommending a trial of diagnostic cervical epidural steroid injection on July 25, 2014. There was no explicit reference to the applicant having received earlier cervical epidural steroid injection therapy. In a September 18, 2014 progress note, the applicant reported ongoing complaints of neck pain with paresthesias about the hands. Epidural injections were pending, it was acknowledged. The applicant was placed off of work, on total temporary disability. The applicant was using Voltaren, Motrin, and Prilosec, it was stated. On July 24, 2014, the applicant reported ongoing complaints of neck pain. The applicant had completed physical therapy. The

applicant was having difficulty gripping and grasping of the hand owing to paresthesias about the same. The applicant's medications list reportedly included Flexeril, Norco, Indocin, Prilosec, and Daypro, it was stated. The applicant received a shoulder corticosteroid injection. On July 25, 2014, the applicant's pain management physician alluded to the applicant's having had earlier cervical MRI imaging of August 19, 2013, which demonstrated moderate disk degeneration and disk protrusion at C4-C5, C5-C6, and C6-C7 with associated nerve root impingement and/or thecal sac indentation. A "trial of cervical epidural steroid injection" was recommended if conservative treatment was unsuccessful. The applicant was described as having moderate, constant neck pain with radiation of pain to the bilateral upper extremities, 7/10. While the applicant had had a prior right shoulder injection, the applicant had not previously had an epidural steroid injection, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Epidural Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: The request was conveyed, transmitted, and/or interpreted as a request for multiple cervical epidural steroid injections (plural). However, while page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support epidural steroid injection as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position on repeat epidural steroid injection by noting that repeat block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider seemingly sought authorization for multiple cervical epidural steroid injections without proviso to reevaluate the applicant between each injection to ensure a favorable response to the same before considering further injections. The request, thus, as written, is at odds with MTUS principles and parameters. Accordingly, the request is not medically necessary.